



**Eddie Baza Calvo**  
Governor  
**Ray Tenorio**  
Lieutenant Governor

**Department of Administration**  
(DIPATTAMENTON ATEMENSTRASION)  
**DIVISION OF ACCOUNTS**  
(DIBISION KUENTA)

Post Office Box 884 Hagatña, Guam 96932  
Tel: (671) 475-1260/1169 Fax: (671) 472-8483



**Benita A. Manglona**  
Director  
**Anthony C. Blaz**  
Deputy Director

**AFFIDAVIT**

I / We, \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. - Home \_\_\_\_\_ Work \_\_\_\_\_

Social Security No. \_\_\_\_\_ spouse / \_\_\_\_\_

Driver's License No. \_\_\_\_\_ co-payee's spouse / \_\_\_\_\_

Being duly sworn depose(s) and declare(s):

That I / we is / are a citizen(s) of the \_\_\_\_\_

That I / we is / are the payee named in the Government of Guam \_\_\_\_\_

Check No. \_\_\_\_\_ Dated \_\_\_\_\_ In the sum of \$ \_\_\_\_\_

That said check(s) was/were: ☐ Lost ☐ Not Received ☐ Destroyed

Other: \_\_\_\_\_

*specify briefly*

That he/she has/have never received the proceeds from said check(s) in whole or part. That in the event said check(s) is/are subsequently found he/she **will return it to the Department of Administration, Division of Accounts and not attempt to cash it.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_

\*\*\*\*\*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC

Commission expires \_\_\_\_\_



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## SIGNATURE SPECIMEN

\_\_\_\_\_ of \_\_\_\_\_  
and \_\_\_\_\_

(Please **sign** identically on lines 1 thru 5; **other payee**, if applicable, must sign on lines 6 thru 10)

### PAYEE:

1 . \_\_\_\_\_  
2 . \_\_\_\_\_  
3 . \_\_\_\_\_  
4 . \_\_\_\_\_  
5 . \_\_\_\_\_

### SPOUSE / CO-PAYEE

6 . \_\_\_\_\_  
7 . \_\_\_\_\_  
8 . \_\_\_\_\_  
9 . \_\_\_\_\_  
# . \_\_\_\_\_